

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/557,892

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	8		/			
4	8		/			
5	8		/			
6	8		/			
7	/		/			
8	/		/			
9	2		/			
10	2		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
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TOTAL IND.	9		5			
TOTAL DEP.	16		15			
TOTAL CLAIMS	18		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						